



Physician's Orders
**ANTIBIOTIC -
ADULT, OUTPATIENT,
COREWELL HEALTH
INFUSION CENTER**
Page 1 to 11

Patient Name
DOB
MRN
Physician
CSN

Defaults for orders not otherwise specified below:

- ☐ Interval: Once
- ☐ Interval: Every 24 hours
- ☐ Interval: Every ____ hours
- ☐ Interval: Every ____ days

Duration:

- ☐ ____ # of Days
- ☐ Until date: ____
- ☐ 1 year
- ☐ ____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Codewith Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | | |
|---|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> CH Blodgett (GR) | <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City | |
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Zeeland | <input type="checkbox"/> CH Greenville |

Appointment Requests

- ☒ **Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+366, Sched. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after
IM/IV ONLY: Injection and possible labs
HOME INFUSION (IV) ONLY: CADD pumps are NOT available in Grand Rapids Lemmon Holton Infusion Center for Home Infusion.

Provider Reminder – FOR HOME INFUSION (IV) ONLY

- ☒ **ONC PROVIDER REMINDER 20**
Ensure that after last treatment that patient has APPOINTMENT TO REMOVE CADD pump

Nursing Orders

- ☒ **ONC NURSING COMMUNICATION 100 – FOR IV & HOME INFUSION (IV) ONLY**
May Initiate IV Catheter Patency Adult Protocol
- ☒ **ONC NURSING COMMUNICATION 22 – FOR IV ONLY**
If patient has PICC line, please draw labs from PICC line.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

☒ Hypersensitivity Reaction Adult Oncology Protocol Once S 1 treatment

Routine, Until discontinued Starting when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Safety Parameters and Special Instructions

☒ **ONC NURSING COMMUNICATION 103**

Contact Provider for increased stool production (4 or more above baseline) per day (24 hours) or moderate increase in ostomy output.

☒ **ONC NURSING COMMUNICATION 2 – FOR HOME
INFUSION (IV) ONLY**

If patient has any symptoms of a hypersensitivity reaction, immediately stop medication infusion and obtain vital signs. Maintain IV patency with 0.9% sodium chloride at 10 mL/hour.

ANTIBIOTIC - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED) Page 3 to 11

Patient Name
DOB
MRN
Physician
CSN

Procedure – FOR IV ONLY

	Interval	Duration
<input type="checkbox"/> Discontinue PICC Routine, Once, Starting S For 1 Occurrences PICC Line Site: May remove PICC line at the end of the treatment	Once	1 treatment

Labs

	Interval	Duration
<input type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Basic Metabolic Panel (BMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> C Reactive Protein (CRP), Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Creatine Kinase (CK) Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Sedimentation rate Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Draw Antibiotic Trough Within 30 Minutes Prior To Dose – FOR IV & HOME INFUSION (IV) ONLY		
<input type="checkbox"/> Vancomycin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Gentamicin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Amikacin, Trough, Serum Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Tobramycin Trough Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once Every____days	Until date:_____ 1 year ____# of Treatments
<input type="checkbox"/> Other Labs: _____	<input type="checkbox"/> Once <input type="checkbox"/> Every____days	<input type="checkbox"/> Until date:_____ <input type="checkbox"/> 1 year <input type="checkbox"/> # of Treatments

Medications (continued)

Hydration – FOR IV ONLY

- ☐ sodium chloride 0.9% (NS) infusion - IV
100 mL/hr, Intravenous, Continuous, Starting S

Pre-Medications

- ☐ acetaminophen (TYLENOL) tablet 650 mg - IV
☐ 325 mg
☐ 500 mg
☐ 650 mg
☐ 1000 mg
 Oral, Once, Starting at treatment start time, For 1 Dose
 Administer 30 to 60 minutes prior to infusion.

- ☐ 25 mg
☐ 50 mg
 Oral, Once, Starting at treatment start time, For 1 Dose
 Administer 30 to 60 minutes prior to infusion.

Medications

☐ **Select Desired IM Antibiotic For Injection**

- ☐ cefepime (MAXIPIME) injection
 1 g, Intramuscular, Once, Starting at treatment start time, For 1 Dose
 Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
 Dilute vial with 2.4 ml sodium chloride 0.9% for final concentration = 280 mg/mL.

Dose:

- ☐ 500 mg

Intramuscular, Once, Starting at treatment start time, For 1 Dose

- ☐ cefTRIAXone (ROCEPHIN) in lidocaine 1% IM syringe

Dose:

- ☐ 250 mg
☐ 500 mg
☐ 1 gram

Intramuscular, Once, Starting at treatment start time, For 1 Dose

- ☐ ertapenem & lidocaine 280 mg/mL IM syringe
 1 g, Intramuscular, Once, Starting at treatment start time
 Concentration = 280 mg/mL

☐ **Select Desired IV Antibiotic For Infusion**

☐ **amikacin (AMIKIN) in sodium chloride 0.9% 250 mL IVPB**

Dose:

- ☐ 5 mg/kg
- ☐ 7.5 mg/kg
- ☐ 10 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
Infuse over 30 – 60 minutes.

☐ Initiation of therapy

- ☐ Multidrug resistance Gram negative infection
- ☐ Nocardia
- ☐ Non-tuberculous Myobacterium

☐ Continuation of therapy

- ☐ Multidrug resistance Gram negative infection
- ☐ Nocardia
- ☐ Non-tuberculous Myobacterium

☐ Dosing Re-assessment

- ☐ Change in renal function
- ☐ Order/assess level
- ☐ Change in dialysis
- ☐ Assess dose for discharge

☐ Other: _____

☐ **ceFAZolin (ANCEF) IV**

Dose:

- ☐ 500 mg in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes
- ☐ 1 gram IVP, administer over 3 minutes
- ☐ 1.5 gram in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes
- ☐ 2 gram IVP, administer over 3 minutes
- ☐ 3 gram IVP, administer over 3 minutes

Intravenous, Once, Starting S, For 1Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Reason for therapy:

- ☐ Bacteremia, gram-negative
- ☐ Bacteremia, gram-positive
- ☐ Bone and joint
- ☐ Cellulitis
- ☐ Surgical prophylaxis
- ☐ Post-operative
- ☐ Urinary Tract Infection (cystitis, pyelonephritis)
- ☐ Other: _____

A pharmacist will initiate the "Pharmacy Renal Dosing Protocol" in all adult patients who meet the protocol inclusion criteria. You may opt out of initiating the "Pharmacy Renal Dosing Protocol" by selecting the opt out option below:

☐ Opt out of the "Pharmacy Renal Dosing Protocol"

☐ **cefepime (MAXIPIME) IV**

Dose:

☐ 500 mg in sodium chloride 0.9% 50 mL IVPB, administer over 30 minutes

☐ 1 gram IVP, administer over 3 minutes

☐ 2 gram IVP, administer over 3 minutes

Intravenous, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Treatment Indication:

☐ Febrile neutropenia

☐ HAP/VAP

☐ Cystic fibrosis

☐ Empiric treatment of sepsis

☐ CAP with risk factors for Gram negative pneumonia

☐ Other: _____

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☐ Opt out of the "Pharmacy Renal Dosing Protocol"

☐ **ceftaroline (TEFLARO) IV in sodium chloride 0.9% 250 mL IVPB**

Dose:

☐ 200 mg

☐ 400 mg

☐ 600 mg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Infuse over 30 – 60 minutes.

Treatment Indication:

☐ Staph aureus isolate with elevated vancomycin MIC (> 1.5 mcg/ml)

☐ Vancomycin induced nephrotoxicity

☐ Vancomycin allergy

☐ Combination therapy with daptomycin for recurrent MRSA bacteremia unable to be controlled with vancomycin and no source control

☐ Other: _____

A pharmacist will initiate the "Pharmacy Renal Dosing Protocol" in all adult patients who meet the protocol inclusion criteria. You may opt out of initiating the "Pharmacy Renal Dosing Protocol" by selecting the opt out option below:

☐ Opt out of the "Pharmacy Renal Dosing Protocol"

☐ **cefTAZidime (FORTAZ) IV in sodium chloride 0.9% (MINIBAG PLUS) 100 ml IVPB**

☐ 500 mg

☐ 1 gram

☐ 2 gram

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Infuse over 15 – 30 minutes.

Reason for therapy:

☐ Bacteremia, gram-negative

☐ CAP with risk factors (MRSA/Pseudomonas Aeruginosa)

☐ Cystic fibrosis

☐ Febrile Neutropenia

☐ HAP/VAP

☐ Intra-abdominal

☐ Meningitis/CNS

☐ Urinary Tract Infection (cystitis, pyelonephritis)

☐ Other: _____

A pharmacist will initiate the "Pharmacy Renal Dosing Protocol" in all adult patients who meet the protocol inclusion criteria. You may opt out of initiating the "Pharmacy Renal Dosing Protocol" by selecting the opt out option below:

☐ Opt out of the "Pharmacy Renal Dosing Protocol"

☐ **cefTRIAxone (ROCEPHIN) IVP**

Dose:

☐ 1 gram

☐ 2 gram

Intravenous, Administer over 3 Minutes, Once, Starting S, For 1 Dose

INCOMPATIBILITY: Do NOT co-administer with calcium-containing solutions, lactated ringers or CRRT. Flush between calcium-containing products and ceftriaxone.

Reason for therapy:

☐ Bacteremia, gram-negative

☐ Bone and joint

☐ Intra-abdominal

☐ Meningitis/CNS

☐ Urinary Tract Infection (cystitis, pyelonephritis)

☐ Other: _____

☐ **DAPTOmycin (CUBICIN) in sodium chloride 0.9 % 50 mL IVPB**

Dose:

☐ 6 mg/kg

☐ 8 mg/kg

☐ 10 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Not Compatible with Dextrose

Treatment Indication:

☐ VRE infection

☐ Staph aureus isolate with elevated vancomycin MIC (> 1.5 mcg/ml)

☐ Vancomycin induced nephrotoxicity

☐ Vancomycin allergy

☐ Combination therapy with ceftaroline for recurrent MRSA bacteremia unable to be controlled with vancomycin and no source control

☐ Other: _____

☐ **ertapenem (INVanZ) injection IV**

Dose:

☐ 500 mg in sodium chloride 0.9% 50 mL IVPB

☐ 1000 mg in sodium chloride 0.9% (MINIBAG PLUS) 100 mL IVPB

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Stable at room temp for 6 hours.

Treatment Indication:

☐ Treatment of ESBL/AmpC bacteremia (WITH documented susceptibility) when another treatment is not indicated (drug interaction-quinolone with amiodarone; renal dysfunction-TMP-SMX, nitrofurantoin)

☐ Treatment of ESBL/AmpC bacteremia when another treatment is not indicated (drug interaction-quinolone with amiodarone; renal dysfunction-TMP-SMX, nitrofurantoin)

☐ Treatment of infection with a SPICE organism (Serratia, P. vulgaris, M. morganii, Providencia, Citrobacter or Enterobacter spp.) EXCLUDING P. aeruginosa and Acinetobacter

☐ Other: _____

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☐ Opt out of the "Pharmacy Renal Dosing Protocol"

- ☐ gentamicin (GARAMYCIN) in sodium chloride 0.9% 100 mL IVPB

Dose:

- ☐ 1 mg/kg
☐ 1.5 mg/kg
☐ 2 mg/kg
☐ 5 mg/kg
☐ 7 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Infuse over 30 – 60 minutes.

Reason for therapy:

- ☐ Cystic fibrosis
☐ Gram positive synergy
☐ Gram negative infection
☐ Neonatal sepsis
☐ Trauma/Fractures
☐ Obstetrics/gynecology infection
☐ Other: _____

- ☐ Continuation of therapy

- ☐ Cystic fibrosis
☐ Gram positive synergy
☐ Gram negative infection
☐ Neonatal sepsis
☐ Trauma/Fractures
☐ Obstetrics/gynecology infection
☐ Other: _____

- ☐ Dosing Re-assessment

- ☐ Change in renal function
☐ Order/assess level
☐ Change in dialysis
☐ Assess dose for discharge

- ☐ Other: _____

- ☐ levoFLOxacillin (LEVAQUIN) 5 mg/mL in D5W IVPB premix

- ☐ 250 mg
☐ 500 mg
☐ 750 mg

Intravenous, Once, Starting S, For 1 Doses

Infuse 250 to 500 mg IV solution over 60 minutes; infuse 750 mg IV solution over 90 minutes. Too rapid of infusion can lead to hypotension. Avoid administration through an intravenous line with a solution containing multivalent cations (eg, magnesium, calcium). Maintain adequate hydration of patient to prevent crystalluria or cylindruria.

Reason for Therapy:

- ☐ PCN allergy
☐ Bone & Joint
☐ BK virus
☐ CAP
☐ CAP with risk factors (MRSA/Pseudomonas Aeruginosa)
☐ Cystic fibrosis
☐ Intra-abdominal
☐ HAP/VAP
☐ HEENT infection
☐ Febrile neutropenia
☐ Urinary Tract Infection (cystitis, pyelonephritis)
☐ Other: _____

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- ☐ Opt out of the "Pharmacy Renal Dosing Protocol"

- ☐ meropenem (MERREM) in sodium chloride 0.9% (MINIBAG PLUS)
100 mL IVPB
Dose:
☐ 500 mg
☐ 1 gram
☐ 2 gram
Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
Treatment Indication:
☐ Treatment of ESBL/AmpC bacteremia OR history of (previous 12 mo) when another treatment is not indicated
☐ Culture proven infection due to bacteria resistant to other antibiotics but susceptible to meropenem
☐ Empiric treatment of nosocomial infection in critically ill patients who have recent exposure (within 90 days for = 3 days) to enhanced spectrum β -lactam treatment (e.g. ceftazidime, cefepime or piperacillin-tazobactam)
☐ Treatment of infection with a SPICE organism [Serratia, P. aeruginosa, Indole positive proteae (P. vulgaris, M. morganii, Providencia), Citrobacter or Enterobacter and Acinetobacter]
☐ Other: _____

A pharmacist will initiate the "Pharmacy Renal Dosing Protocol" in all adult patients who meet the protocol inclusion criteria. You may opt out of initiating the "Pharmacy Renal Dosing Protocol" by selecting the opt out option below:
☐ Opt out of the "Pharmacy Renal Dosing Protocol"

- ☐ tigecycline (TYGACIL) in sodium chloride 0.9% 100 mL IVPB
Dose:
☐ 25 mg
☐ 50 mg
☐ 100 mg
Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Dose
Loading dose: 100 mg, Maintenance dose: 50 mg; Infuse over 30 – 60 minutes

- ☐ tobramycin (NEBCIN) in sodium chloride 0.9% 100 mL IVPB
Dose:
☐ 5 mg/kg
☐ 7 mg/kg
Intravenous, Administer over 60 Minutes, Once, Starting H, For 1 Dose
Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.
Reason for therapy:
☐ Initiation of therapy
☐ Cystic fibrosis
☐ Gram negative infection
☐ Other: _____
☐ Continuation of therapy
☐ Cystic fibrosis
☐ Gram negative infection
☐ Other: _____
☐ Dosing Re-assessment
☐ Change in renal function
☐ Order/assess level
☐ Change in dialysis
☐ Assess dose for discharge
☐ Other: _____

☐ **vancomycin (VANCOCIN) IV**
Dose:

- ☐ 500 mg in sodium chloride 0.9% (MINIBAG PLUS) 100 mL IVPB over 50 minutes
- ☐ 750 mg in sodium chloride 0.9% 250 mL IVPB, administer over 75 minutes
- ☐ 1000 mg in sodium chloride 0.9% 250 mL IVPB, administer over 100 minutes
- ☐ 1250 mg in sodium chloride 0.9% 250 mL IVPB, administer over 125 minutes
- ☐ 1500 mg in sodium chloride 0.9% 500 mL IVPB, administer over 150 minutes
- ☐ 2000 mg in sodium chloride 0.9% 500 mL IVPB, administer over 200 minutes

Intravenous, Once, Starting S, For 1 Dose

Normally administered more than once daily or once before a procedure; check with provider if treatment plan is unclear.

Reason for therapy:
☐ **Initiation of therapy**

- ☐ CoNS, Enterococcus or Streptococcus infection

- ☐ Neonatal sepsis
- ☐ Respiratory tract infection
- ☐ Skin/soft tissue infection
- ☐ Surgical prophylaxis
- ☐ MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- ☐ Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- ☐ Meningitis/central nervous system infection
- ☐ Necrotizing fasciitis
- ☐ Other: _____

☐ **Continuation of therapy**

- ☐ CoNS, Enterococcus or Streptococcus infection
- ☐ Group B Strep prophylaxis
- ☐ Neonatal sepsis
- ☐ Respiratory tract infection
- ☐ Skin/soft tissue infection
- ☐ Surgical prophylaxis
- ☐ MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- ☐ Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- ☐ Meningitis/central nervous system infection
- ☐ Necrotizing fasciitis
- ☐ Other: _____

☐ **Dosing Re-assessment**

- ☐ CoNS, Enterococcus or Streptococcus infection
- ☐ Group B Strep prophylaxis
- ☐ Neonatal sepsis
- ☐ Respiratory tract infection
- ☐ Skin/soft tissue infection
- ☐ Surgical prophylaxis
- ☐ MRSA bacteremia, endocarditis, bone/joint infection or pneumonia
- ☐ Ventilator associated pneumonia/HAP (current hospitalization greater than 48 hours)
- ☐ Meningitis/central nervous system infection
- ☐ Necrotizing fasciitis
- ☐ Other: _____

☐ **Other: _____**

☐ **Select Desired Antibiotic for IV Home Infusion (no Offset) Cadd Pump**

- ☐ nafcillin (NALLPEN) in sodium chloride 0.9 % infusion - for home use

Dose:

- ☐ 6 gram
☐ 9 gram
☐ 12 gram

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose

For continuous home infusion via CADD pump.

Vesicant. Avoid extravasation.

- ☐ oxacillin in sterile water infusion - for home use

Dose:

- ☐ 6 gram

- ☐ 12 gram

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose

For continuous home infusion via CADD pump.

- ☐ penicillin G potassium in sterile water infusion - for home use

Dose:

- ☐ 12 Million Units
☐ 18 Million Units
☐ 20 Million Units
☐ 24 Million Units

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose

For continuous home infusion via CADD pump.

Dose:

- ☐ 1000 mg
☐ 2000 mg
☐ 30 mg/kg

Intravenous - Home Infusion, for 24 Hours, Once, Starting S, For 1 Dose

For continuous home infusion via CADD pump.

Reason for therapy:

- ☐ Initiation of therapy
☐ Continuation of therapy
☐ Dosing Re-assessment
☐ Other: _____

Subsequent Day Treatment – FOR HOME INFUSION (IV) ONLY

- ☒ **Infusion Appointment Request**

Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after

- ☒ **ONC NURSING COMMUNICATION 5**

Discontinue Home Infusion. Remove CADD Pump.

- ☒ **Discontinue PICC**

Routine, Once, Starting S For 1 Occurrences

PICC Line Site:

May remove PICC line at the end of the treatment

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
			R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20